

Please include one of these forms for each of the partner institutions/organizations.

PARTNER IDENTIFICATION FORM

PARTNER INSTITUTION: _____

Contact Name/Title: _____

Contact Mailing Address: _____

Telephone: _____

E-mail: _____

Fax: _____

Type of Institution/Organization: _____

COST SHARE PROVIDED BY PARTNER*	Year 1	Year 2	Year 3	Year 4	Total
1. Salaries and Wages (Professional and Clerical)					
2. Employee Benefits					
3. Travel					
4. Equipment (Purchase)					
5. Materials and Supplies					
6. Consultants and Contracts					
7. Other (equipment rental, printing, etc.)					
8. Indirect Costs:					
TOTAL COST SHARE PROVIDED BY PARTNER					

*On this form, list only the cost share provided by the individual partner institution/organization. On the main budget form, you are asked to total the individual partners respective cost shares. For the preliminary proposal, no additional breakdown is necessary. For the final proposal, the total cost share should be itemized and explained in a budget narrative.